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Volume 14, Issue 1 | January 24, 2014

The link to policy affecting older lowans

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A General Assembly is a legislative period that consists of two regular legislative sessions.

This is the second session of General Assembly 85.

When this session concludes, full throttle campaigning will commence, with the Governor's seat, the entire House and half the Senate on the ballot.

General Assembly 85, 2014 Begins

Welcome to week 2 of the 85th General Assembly. The following captures the highlights of the first two weeks of the 2014 session.

Pomp and Circumstance

The 2014 session of the Iowa Legislature opened last week with the routine pomp and circumstance. Opening presentations were made by legislative leadership and a few new legislators were sworn in.

Governor's Condition of the State and Budget Recommendations

Last week, the Governor presented the Condition of the State to both chambers of the Iowa Legislature and released budget recommendations. A full and detailed version of the Governor's budget recommendations can be found here. A brief version of the Governor's budget recommendations can be found here.

The Iowa Department on Aging is pleased to announce that the Governor's budget recommendations provide an increase of \$325,000 to the Iowa Department on Aging to reestablish the Iowa Office of Substitute Decision Maker. The recommendations also include an increase of \$107,608 to the Office of the State Long-Term Care Ombudsman to provide a discharge specialist.

A detailed analysis of the Governor's budget as it applies to the Iowa Department on Aging can be found on page 2.

Bills, Bills, Bills

There have been several bills introduced within the first two weeks of session that impact older lowans. All bills being monitored by the Iowa Department on Aging can be found in Bill Watch, which begins on page 5. The Department is currently monitoring around 18 bills and is in the process of analyzing many more.

This week brought an increase in subcommittee work that will continue to increase with funnel week fast approaching in February.

AgingWatch looks forward to bringing you legislative information during the 2014 legislative session.

Did you know?

The Governor's Budget Recommendations do not have to be accepted by the House or the Senate.

Citizens interested in a program or initiative recognized within the Governor's budget should advocate for the program or initiative with local legislators to ensure it is included in House and Senate budgets.

The Governor's Budget Recommendations

The Governor's budget recommendations were released last week. The Governor is recommending that the appropriation provided to the Iowa Department on Aging be fully restored and is also recommending two increases. The first recommended increase is to reestablish the Office of Substitute Decision Maker with an appropriation of \$325,000. The second recommended increase is to provide an involuntary discharge specialist to the Office of the State Long-Term Care Ombudsman with an appropriation of \$107,608. Additional details regarding new funding recommendations can be found on pages 3 and 4.

GOVERNOR'S BUDGET RECOMMENDATION FOR THE IOWA DEPARTMENT ON AGING

Continued appropriation to the Iowa Department on Aging	\$10,342,086	
Distribution for State Accounting System	5,687	
Cont'd appropriation to maintain home and community-based services	600,000	
Cont'd appropriation for unmet needs	250,000	
Cont'd appropriation for guardianship/conservatorship pilot project	20,000	
Cont'd increase to RSVP (Retired Senior Volunteer Program)	100,000	
New funding to reestablish the Office of Substitute Decision Maker (includes 3 full-time employees) - see details on page 3	325,000	
Transfer to Office of State Long-Term Care Ombudsman	-711,707	
Transfer to RSVP (Retired Senior Volunteer Program)	-279,946	
Total Proposed Appropriation to the Iowa Department on Aging	\$10,651,120	
GOVERNOR'S BUDGET RECOMMENDATION FOR THE OFFICE OF THE STATI	F LONG-TERM	
GOVERNOR'S BODGET RECOMMENDATION FOR THE OTTICE OF THE STATE ECHO-TERM		

CARE OMBUDSMAN

Cont'd appropriation to the Office of the State Long-Term Care Ombuds-	\$711,707
Cont'd appropriation for Volunteer Long-Term Care Ombudsman	110,000
New funding to establish discharge specialist	107,608

Total Proposed Appropriation to the Office of the State Long-Term \$929,315

Did You Know?

Substitute Decision
Maker is a broad
term used to define
the work of
guardians,
conservators,
attorneys-in-fact
serving pursuant to
power of attorney
documents, and
representative
payees handling a
payment or benefit
on behalf of
another person.

The overall role of a substitute decision maker is to assist a person with personal care or financial decisions who require assistance based on diminished capacity.

Diminished capacity refers to a reduced ability to address one's own needs or a reduced ability to make decisions for one's self. There are several factors that may lead to diminished capacity including but not limited to intellectual and developmental disability, brain injury, dementia, Alzheimer's Disease, and mental health issues.

Two New Funding Recommendations

1) The Office of Substitute Decision Maker:

The Office of Substitute Decision Maker (OSDM) saw substantial movement within the first week of the legislative session. For readers unfamiliar with the Office of Substitute Decision Maker, the following is a brief review of the issue:

Although the full extent of the need for substitute decision makers in Iowa is not known, an informal survey conducted by the Iowa Department on Aging in December of 2005 indicated that nearly 44,663 Iowans were in need of a substitute decision maker and lacked access to an individual appropriate to assist. (See the column at left for a discussion of substitute decision makers.)

In response to this need, the Substitute Decision Maker Act, Iowa Code Chapter 231E, was passed in 2005. Although passed in 2005, the Office of Substitute Decision Maker (OSDM) was not funded and did not become operational until 2007, at which time an appropriation of \$250,000 was provided.

The OSDM operated from 2007 to 2009. In 2009, the Iowa Legislature voted to eliminate funding for the OSDM and operations were shut down. Since 2009, advocates for the OSDM have argued for the system to be reestablished, citing the statewide need for decision-making assistance for vulnerable Iowans.

The Governor's budget recommendation proposes to reestablish the OSDM. The recommendation would provide \$325,000 to take the first steps toward reestablishing the OSDM. The appropriation would provide three employees who would be responsible for: 1. Coordinating and planning the steps necessary to reestablish the OSDM; 2. Developing and planning the steps necessary to establish a volunteer component to the OSDM with emphasis on community outreach at the local level; and 3. Providing support to staff and responding to inquiries from stakeholders and the general public.

In addition to the Governor's recommendations, a bill has been introduced in the House to fully fund the OSDM. The bill, introduced by Representative Lisa Heddens, would provide funding of approximately \$2.21 million to the Department on Aging to fully establish the OSDM. The proposed appropriation is based on funding projections provided in a legislatively mandated report filed by the Department on Aging in December 2013.

Over the years, the Department has worked with many citizens and advocates concerned about substitute decision-making in Iowa. If you want to voice support, contact your legislators. To find your legislator, please visit the following website: Find Your Legislator.

Continued on next page

We want

your input.

We are interested to know how readers feel about reestablishing the Office of Substitute Decision Maker.

> Please take the short survey by clicking on this link by Thursday, January 30.

https://www.surveymonkey. com/s/PQXDH3H

> It will take less than a minute of your time.

Aging Watch

Please take the survey on the left side of this page to indicate whether you support the reestablishment of Office of Substitute Decision Maker.

We look forward to your input.

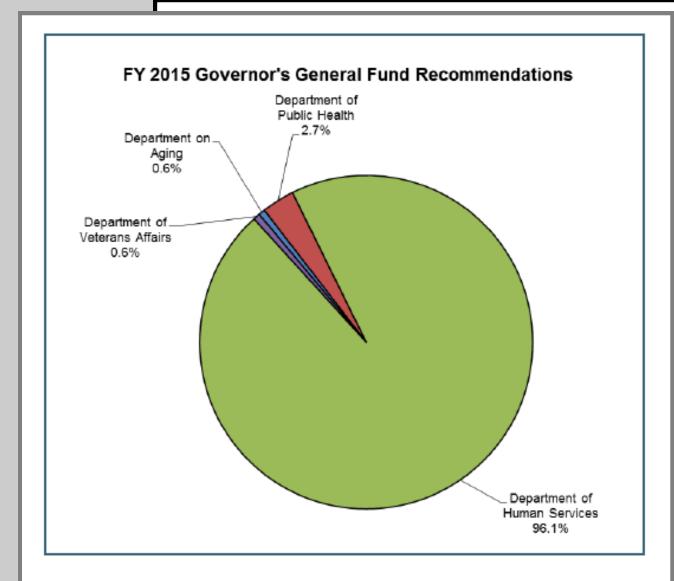
2) Discharge Specialist

The Governor's budget recommendations include new funding to the Office of the State Long-Term Care Ombudsman (OSLTCO) for a discharge specialist. A discharge specialist would assist residents and tenants with voluntary and involuntary discharges, as well as evictions from assisted living programs and elder groups homes.

What is an involuntary discharge? An involuntary discharge or transfer occurs when a resident or tenant must be discharged or transferred from a facility or assisted living program. Pursuant to law, an involuntary discharge, transfer or eviction can only occur upon certain circumstances. Circumstances that warrant a discharge or transfer include but are not limited to the need to protect the health, safety, or welfare of the resident, tenant, or others, the resident or tenant has failed to pay for services provided, or the facility or program is closing or is otherwise ceasing to operate.

Why is an involuntary discharge specialist needed? One in five complaints received by the OSLTCO are related to discharge, transfer, evictions and admission. Under federal and state laws, the OSLTCO receives all notices of involuntary discharge so that residents , tenants, and families can reach out for assistance and information. Assistance can be in the form of reviewing the notice to ensure compliance with law, sharing timeframes and processes applicable to the discharge or transfer seeking options and resources to assist the resident or tenant, assisting with an appeal of the decision to discharge or transfer, and acting as an advocate at the administrative law hearing. Last year, the OSLTCO received approximately 350 involuntary discharge notices and 61 assisted living program involuntary transfer notices.

An involuntary discharge specialist would be dedicated to assisting residents and tenants with the processes outlined above and would be responsible for advocating for resident and tenant rights in regards to discharges, transfers, and evictions.



FY 2015 Governor's General Fund Recommendations

 Department on Aging
 \$ 11,860,381

 Department of Public Health
 58,973,924

 Department of Human Services
 1,776,287,767

 Department of Veterans Affairs
 12,180,947

 Total
 \$ 1,859,303,019

Analysis of the Governor's Budget by the Legislative Service Agency (LSA). The LSA is a nonpartisan legislative agency that provides bill drafting, legal and fiscal research services, computer services, and assists the Legislature in the budgeting and appropriations process.

Listen to Live Audio from the House and Senate

Staying engaged in legislative action has never been easier. You can listen to live debate from the legislative website whenever a chamber is in session.

Go to https://www.legis.iowa.gov/

On the home page, click on the "Live" link as shown by the red arrows below.



Legislative Services Agency Facebook Page

The Legislative Services Agency (LSA) has a new Facebook page featuring daily topics of historical interest with regard to the Iowa General Assembly and Iowa Capitol. Most topics include a preface and picture, along with links to that portion of the Iowa General Assembly website. It's a good resource for items of historical interest.

The Facebook page can be accessed here:

https://www.facebook.com/LegislativeServicesAgency?ref=profile

Bill Watch

On the following pages, you will find a list of bills the Department on Aging has identified as potentially impactful to older and disabled Iowans. There is a brief descriptor of each bill. You may find comprehensive information including the entire bill, committee assignments, amendments and bill history by clicking on the bill number. Each bill is linked to the legislative website where up-to-date information is recorded. The Department will continue to keep you informed on significant action on these and other bills during the legislative session.

Aging Watch		
HF 2003	CRIME VICTIMS (Anderson) Judiciary Includes financial exploitation definition, restitution plan hearings, and victim compensation.	
HF 2009	OFFICE OF SUBSTITUTE DECISION MAKER FUNDING (Appropriations) Heaton, Fisher, Jacoby Provides appropriation of \$2.2 million to Iowa Department on Aging to administer the OSDM.	
HF 2021	MEDICAL ASSISTANCE REQUIREMENTS (Heartsill) Human Resources Directs DHS to require that a recipient of Medicaid submit to a health risk assessment and comply with a subsequently developed health plan.	
HF 2024	COMMON STATEWIDE SERVICE DELIVERY DISTRICTS (State Government) Costello, Hein, Prichard Establishes a task force to develop common statewide service delivery districts.	
<u>HF 2025</u>	RESTRUCTURING STATE GOVERNMENT (State Government) Stanerson, Drake, Mascher Establishes a feasibility study for restructuring state government.	
HF 2026	REDUCING STATE DEPARTMENTS (State Government) Watts, Grassley, Hunter Establishes a feasibility study to develop a plan to reduce the number of state departments to no more than ten.	
<u>HF 2032</u>	ABSENTEE BALLOT DELIVERY (State Government) Watts, Grassley, Steckman Allows an applicant who is a resident or patient of a health care facility or hospital to request mail delivery or personal delivery of a ballot for voting.	
HF 2036	IMPLEMENTING FEDERAL LAW. (Grassley) Economic Growth Mandates that state agencies charged with implementation of a federal law or policy shall not exceed the requirements of that law or policy.	
<u>HF2041</u>	PUBLIC ASSISTANCE ELIGIBILITY (Heartsill) Human Resources. Requires applicants and participants in public assistance programs administered by DHS to participate in work-related activities, possess a high school diploma or equivalent, and be subject to random drug testing.	

HSB 500 CIVIL COMMITMENT PROCEDURES (Judiciary)

Heartsill, Heaton, Oldson

Defines "sexually violent predator" for purposes of civil commitment procedures.

HSB 507 COURT APPOINTED ATTORNEY FEES (Judiciary)

Brandenburg, Heaton, Prichard

Mandates that court-appointment attorneys and guardians ad litem in guardianship and conservatorship cases shall be afforded the same rates as those established by the state public defender in juvenile court proceedings.

HSB527 ADULT DAY ADMISSION/RETENTION (Human Resources)

R. Taylor, Heaton, Hunter.

Establishes criteria that would prohibit the admission or retention of a participant in an adult day services program if the participant meets certain criteria, including being under the age of eighteen, requiring three-person assistance with certain activities, posing a danger to others, chronically eloping, being sexually or physically aggressive, or being in the acute stages or alcoholism, drug addiction, or mental illness.

HSB533 See

SSB3011

ENTITIES REGULATED BY THE DEPARTMENT OF INSPECTIONS AND APPEALS (DIA) (State Government)

Stanerson, Bacon, T. Taylor

Companion bill to SSB3011. Makes changes to procedures related to regulations imposed by the Department of Inspections and Appeals and makes conforming changes in referencing the Office of the State Long-Term Care Ombudsman.

SF 2026 PROPERTY ASSESSMENT ADJUSTMENT (Taylor) Ways & Means

Provides property assessment adjustment for certain property of persons aged sixty-five and older with household earned income of less than \$8,000 per year. .

SF2028 SENIOR LIVING COORDINATING UNIT (Human Resources)

Dotzler, Hatch, Johnson

Reestablishes the senior living coordinating unit that was eliminated in 2009.

SSB 3001 DHS RENEWAL PROCESSES SIMPLIFICATION (Human Resources)

Wilhelm (C), Dotzler, Johnson

Directs DHS to simplify the renewal process or programs under its purview by coordinating and aligning renewal processes across multiple programs into a single and integrated process.

SSB 3011 ENTITIES REGULATED BY THE DEPARTMENT OF INSPECTIONS AND

See HSB533 **APPEALS** (Human Resources) Mathis (C), Bolkcom, Segebart Makes changes to procedures related to regulations imposed by the Department of Inspections and Appeals and makes conforming changes in referencing the Office of the State Long-Term Care Ombudsman.

SSB 3024 CIVIL COMMITMENT—SEXUALLY VIOLENT PREDATORS

(Judiciary) Sodders, Hogg, Schneider Addresses procedures and definitions related to the civil commitment of sexually violent predators.

The following article was recently published in "AgingToday," the bimonthly newspaper of the American Society on Aging. Written by Joel Olah, executive director of Aging Resources of Central Iowa, the article appears in the current January-February edition.

Area agencies on aging empower the oldest-old to be more independent and stay in community

By Joel L. Olah



As older adults age in place, supportive services can provide a connection to the community, grounding them in the mainstream of life and offering them more choices and a personal safety net.

As executive director of Aging Resources of Central Iowa, one of six area agencies on aging in that state, I'm intimately familiar with the services needed by the oldest-old, and the safety net we provide to this cohort. The first point of contact for many older clients is our information and assistance services, which offer a direct con-

nection to community-based services, assessments and consultations. Trained staff members provide information on housing options, benefits, healthcare, nutrition services, personal assistance, emergency assistance, durable medical equipment and in-home care. For many older adults, this information can make a critical difference between independence and institutional care.

Preventing Falls, Managing Depression

One of our octogenarian volunteers remained in her home during the majority of the bitter winter season because she was afraid of falling and injuring herself. But after participating in *A Matter of Balance*, our falls prevention program, she was able to re-engage in community life and became an advocate for the program, encouraging other elders to participate. The program is an eight-session workshop that offers exercises to increase strength, flexibility and balance and teaches positive coping skills to reduce the fear of falling and promote activity and independence.

"The class gave me confidence, and now I feel less fearful to go out because I am prepared and have a plan," she said.

We also provide case management, which incorporates screening, assessment, written care plans, service referrals, care monitoring, follow-up, reassessments and discharge planning. Our agency serves more than 1,200 case-managed

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Aging Resources
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Aging Resources
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Area Agencies
on Aging
in the state.

clients, coordinating in-home services for approximately \$550 per month for an average length of stay of 33 months for nursing home—eligible adults. One of our older case-managed clients is 93, has been receiving services for four years and still lives in her apartment, thanks to an appropriate mixture of supportive inhome services.

Some of our older-age clients have experienced positive results by taking part in our behavioral activation, depression screening and treatment programs. A 94-year-old widower who participated in a congregate meal program, but was disconnected from other community supports, was screened for depression and cognition symptoms and entered an eight-week PEARLS depression management group program. The core components are problem-solving treatment, social and physical activities, and events scheduling.

"One of the most rewarding aspects of the program is to witness natural relationships that develop between members," said Cheryl Evans-Pryor, an aging and mental health specialist with Aging Resources of Central Iowa. "Recognizing that other older adults have issues similar to their own helps in their recovery and gets them back on track in life."

Upon completing the program, our client was able to accomplish several major home-related projects and began socializing and exercising with other members of the group treatment program.

One 90-year-old widow who lived in an assisted living facility was isolated, depressed and suffered from arthritic pain. After an initial screening for depression and cognitive symptoms, she entered a five-week Transitions program, which is a group depression—care model, based upon elements of PEARLS. There are six to eight people in a group, who meet for five sessions and can opt for three more. Group and individual problem solving, weekly homework and encouragement to engage in physical and social and events round out the treatment.

At the program's conclusion, this client joined in card games, took exercise classes to decrease her pain and increase her mobility, and began scheduling social activities with her fellow Transitions program partners.

Transitioning to Home—and Staying There

When an older person transitions from hospital to home, supportive in-home services such as home-delivered meals, personal care, chore services and homemaker services provide a path to full recovery and reduce the frequency of costly readmissions. Currently, 302 older adults between ages 90 and 108 receive homedelivered meals from our agency, out of a total of 1,564 meals per day.

Since 1973, our congregate meal program has provided a supportive environment

for older adults who want a nutritious meal, social activities and engagement, access to community-based services and nutrition education or counseling. Of the 1,238 elders who participate daily, 344 are between 90 to 111 years old; the program enables them to remain independent and contributory.

These clients recognized that their problems could be solved if broken down into manageable steps, if they asked for help as needed and made the connection between mood and behavior, which allowed them to take action and responsibility for their quality of life.

Please feel free to forward AgingWatch to others who are interested in issues and programs that impact older lowans.

To subscribe to AgingWatch please send a blank email to:

Join--agingwatch@lists.ia.gov

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AgingWatch will be published regularly during the legislative session and monthly in the interim by the Iowa Department on Aging. Recipients of the email notice of publication are encouraged to share it with others.



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The Mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.